



# Academic Censure/Satisfactory Academic Progress Appeal: Health Sciences Professional

Purpose: Used by Health Sciences Professional students who wish to appeal academic dismissal and/or failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

## Student Instructions:

- Complete Sections 1 & 2 of this form using a computer.
  - a **handwritten form will not be accepted.**
  - an incomplete form will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Type answers to the questions in Section 3 in a separate document.
- Sign the form in Section 4; a digital signature is not acceptable.
- Scan and email the signed appeal form, the document from Section 3 and any supporting documentation to [otrdocs@marquette.edu](mailto:otrdocs@marquette.edu) by the deadline in the notification you received from your college and/or the Office of Student Financial Aid.

**Note:** the email **MUST** be sent from your Marquette email account.

## Section 1: Student Information

Name \_\_\_\_\_ MUID \_\_\_\_\_  
*Last name, First name, Middle name*

Email \_\_\_\_\_ @marquette.edu

Degree Program \_\_\_\_\_ Phone \_\_\_\_\_

## Section 2: Academic Censure and/or SAP Information

I wish to appeal academic dismissal and/or Satisfactory Academic Progress from  Fall  Spring  Summer \_\_\_\_\_ Year

Check one, as per notification from your college and/or the Office of Student Financial Aid.

- College Academic Alert (CAA), student is dismissed from the college for lack of progress in college/major specific requirements.
- Required to Withdraw for Academic Reasons (RWAR) and Satisfactory Academic Progress (SAP), student is dismissed from the University and is ineligible for financial aid due to cumulative GPA.
- Satisfactory Academic Progress ONLY (SAP), student is eligible to remain enrolled, but is ineligible for financial aid.

## Section 3: Type your answers to the following questions in a separate document and submit it with this form.

*(label your answers to correspond with the questions, i.e. a., b., c.)*

a. Indicate the type(s) of extenuating circumstances that prevented you from being academically successful during the term indicated above. Extenuating circumstances must be non-academic in nature. Please check all that apply.

- Diagnosed medical condition(s)     Family circumstances     Interpersonal problems     Death of a loved one
- Military Service     Loss of residence     Legal Issues     Work-related issue(s)
- Other (please describe) \_\_\_\_\_

b. Provide a brief summary of the extenuating circumstances you indicated in 3a to help the appeal committee understand the impacts on your academic performance. If your circumstances are sensitive in nature, you are not required to disclose those details. If you are receiving support from an office or program at Marquette University in relation to the circumstances (e.g., Title IX, MUPD, etc.), you are encouraged but not required to share the name of the office or program.

c. What measures within your control have you taken or will you take to achieve and maintain satisfactory academic progress moving forward? These measures may include the strategies you will utilize that will allow you to be academically successful. Be specific and provide justification for each strategy. Strategies might be academic in nature such as a commitment to spend a set number of hours per class studying each week or non-academic such as a commitment to seek mental health counseling; reducing employment commitments; changing living situation, etc.

## Section 4: Student Statement/Signature

*I hereby request reinstatement to the university and to the College of Health Sciences Professional after my academic censure, if applicable, and/or of my financial aid eligibility (SAP). I understand the College of Health Sciences Professional has the final decision in all academic censure and/or SAP appeals. I also understand and agree that I am bound by the credit/GPA conditions applied to me in the college academic plan, created specifically for me, and that I must comply with all of these conditions; or, I will again be subject to academic censure and/or made ineligible for financial aid.*

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_